



# 2022 NOAH'S ARK APPLICATION • JUNE 20 - AUGUST 12

## at the Rosenbloom Owings Mills JCC

3506 Gwynnbrook Avenue, Owings Mills, MD 21117  
410.559.3556 | Fax 410.559.2473

[jcc.org/noahsark](http://jcc.org/noahsark)

Please fill out this form completely and sign where requested.

Return all completed applications to [kdavidson@jcc.org](mailto:kdavidson@jcc.org).

### June 20 - August 12 | 4-8 Week Sessions Available | Ages 2-5

June 20-24    June 27-July 1    July 5-8    July 11-15    July 18-22    July 25-29    Aug 1-5    Aug 8-12

### 9:00am – 12:30pm ONLY AVAILABLE FOR AGES 2 & 3

| Members SAVE<br>\$25 a week! | DAYS  | 4 WEEKS |         | 5 WEEKS |         | 6 WEEKS |         | 7 WEEKS |         | 8 WEEKS |         |
|------------------------------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|                              |   | Member  | Guest   | Member  | Guest   | Member  | Guest   | Member  | Guest   | Member  | Guest   |
| 3 days                       | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F | \$690   | \$790   | \$860   | \$985   | \$1,020 | \$1,170 | \$1,170 | \$1,345 | \$1,320 | \$1,520 |
| 4 days                       | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F | \$830   | \$930   | \$1,030 | \$1,155 | \$1,210 | \$1,360 | \$1,400 | \$1,575 | \$1,580 | \$1,780 |
| 5 days                       |   | \$970   | \$1,070 | \$1,200 | \$1,325 | \$1,410 | \$1,560 | \$1,620 | \$1,795 | \$1,820 | \$2,020 |

EARLY DROP OFF:  7:30-9:00am - \$13.50 per day/per week

M  T  W  TH  F

8:00-9:00am - \$9 per day/per week

M  T  W  TH  F

### 9:00am – 3:30pm AVAILABLE FOR AGES 2-5

| Members SAVE<br>\$40 a week! | DAYS  | 4 WEEKS |         | 5 WEEKS |         | 6 WEEKS |         | 7 WEEKS |         | 8 WEEKS |         |
|------------------------------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|                              |   | Member  | Guest   | Member  | Guest   | Member  | Guest   | Member  | Guest   | Member  | Guest   |
| 3 days                       | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F | \$990   | \$1,150 | \$1,230 | \$1,430 | \$1,450 | \$1,690 | \$1,670 | \$1,950 | \$1,890 | \$2,210 |
| 4 days                       | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F | \$1,190 | \$1,350 | \$1,470 | \$1,670 | \$1,730 | \$1,970 | \$2,000 | \$2,280 | \$2,250 | \$2,570 |
| 5 days                       |   | \$1,380 | \$1,540 | \$1,710 | \$1,910 | \$2,020 | \$2,260 | \$2,320 | \$2,600 | \$2,600 | \$2,920 |

EARLY DROP OFF:  7:30-9:00am - \$13.50 per day/per week

M  T  W  TH  F

8:00-9:00am - \$9 per day/per week

M  T  W  TH  F

LATE STAY:  3:30-4:30pm - \$9 per day/per wk

M  T  W  TH  F

3:30-5:30pm - \$18 per day/per wk

M  T  W  TH  F

3:30-6:00pm - \$22.50 per day/per wk

M  T  W  TH  F

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/01/2022 \_\_\_\_\_

Gender: \_\_\_\_\_ School currently attending \_\_\_\_\_

Did you attend a Baltimore JCC Camp last year?  Yes  No    Are you a JCC Member?  Yes  No

Parents are:  Married/Domestic Partners    Separated    Divorced    Single    Widowed

Are there any concerns about your child's development?  Yes  No

Are you aware of any specific delays?  Yes  No Explain: \_\_\_\_\_

My child receives the following services:  Speech Therapy    Occupational Therapy    Physical Therapy    Behavioral Support    Other

Are you interested in our Inclusion program for children with special needs?  Yes  No *If yes, you will be contacted. Please note that space is limited and expressing interest does not guarantee your camper's acceptance into our Inclusion Program. An interview process is required for all campers and the program fills quickly. Be advised there is an additional fee.*

Parent #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**TERMS OF ENROLLMENT**

Please read carefully and sign.

For this application to be processed, participant’s family must have a \$0 balance from all JCC and Noah’s Ark programs. There is a \$250 deposit due at the time of registration. The deposit is applied to your total balance due, is non-refundable, and is only transferable to ELC and JCamp programs. All camp fees must be paid in full by May 1, 2022. A late fee of \$30 per month will be charged on payments more than 15 days late until the balance is paid in full. Declined payments will be assessed a \$30 administration fee for reprocessing.

**CHANGES AND CANCELLATION:** Changes to programs, schedules, or additional options made after May 1, 2022, are subject to a \$60 administration fee per change per camper.

**Cancellations made after May 1, 2022 will be charged 40% of the full tuition.** There are no deductions or pro-rated tuition for partial sessions or absences.

**MEMBERSHIP:** Member pricing eligibility requires 4 consecutive months of membership that includes the camp enrollment period.

**CAMPER DISMISSAL:** The Camp Director reserves the right to terminate a camper’s enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interests of Camp. No refund will be made.

**INSURANCE/MEDICAL EMERGENCIES:** I understand that Noah’s Ark does not offer a medical insurance plan. I have checked my family’s policy to make certain my child is properly covered while at Camp. In any medical emergency, I hereby give permission to the medic, nurse, and/or physician selected by the Camp Director to hospitalize and/or secure proper treatment for my child as named above.

**LOST/DAMAGED ITEMS:** Noah’s Ark cannot be held responsible for the loss, damage, or theft of any camper’s belongings brought to camp. All personal belongings (including toys, electronic games, iPods, etc.) must be left at home.

**PHOTOS:** Noah’s Ark has permission to use photographs/video or images of my child for publicity purposes, including but not limited to brochures, JCC Program Guide, JCC and partner websites, Facebook pages, blogs, and YouTube videos. I understand that I must contact the office in writing if I would not like my child to be photographed.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Families with more than one camper attending a JCC camp are entitled to a \$75 discount on all sibling registrations after the first child pays the regular tuition.*

- I am entitled to a sibling discount (applies to JCC camp sessions over \$500).
- I have another child enrolled in J Camps and plan to pick both children up in the ELC together.

Sibling Name: \_\_\_\_\_ Program: \_\_\_\_\_

**PAYMENT INFO (All camp balances are due in full by 5/01/2022)**

Please select your payment option below.

- ACH Automatic Debit Authorization
- Checking  Savings (In addition to your deposit check, a voided check must be attached to this form in order to pay by ACH debit.)

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Make checks payable to Jewish Community Center. No post-dated checks will be accepted.  Check # \_\_\_\_\_

Visa  MasterCard  Discover  American Express Credit Card # \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_ **\$250 minimum non-refundable, non-transferable deposit.** Initial \_\_\_\_\_

- I would like to charge the balance to my credit card on 5/01/2022.
- I would like to pay monthly by credit card.

I hereby authorize the Jewish Community Center of Greater Baltimore to automatically charge my credit card account on the 1<sup>st</sup> of the month following receipt of my application and the last payment will be charged on 05/01/2022. If the 1<sup>st</sup> of the month falls on a weekend or a day the JCC is closed, the credit card account will be charged the following business day. By completing the Monthly Payment agreement, the cardholder agrees to pay the total amount according to the card issuer contract.

- I would like to discuss a needs based scholarship (JCC members only). Contact Ken Karsh at 410.559.3503 to make an appointment.

|                                |                       |                          |                     |
|--------------------------------|-----------------------|--------------------------|---------------------|
| <b>OFFICE USE ONLY</b>         |                       |                          |                     |
| Camp Director Signature: _____ | Date Entered: _____   | Entered by: _____        | JCC Account # _____ |
| Category: _____                | Mem. Exp. Date: _____ | Program Amount: \$ _____ | Deposit: \$ _____   |
| ACCOUNTING Approved by: _____  |                       | Date: _____              |                     |

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